

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5	2		1			
6	2		1			
7	2		1			
8	2					
9	2					
10	2		1			
11	2					
12	2					
13	2					
14	2					
15	2		1			
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49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	33	20	22			
TOTAL CLAIMS	40	22				

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						